

Date
ID Room Coordinator
Miami-Dade Water and Sewer Department
3071 SW 38th Ave. Suite 152, email: wasdid@miamidade.gov
Miami, Florida 33146

Re: Request for a Miami-Dade Water and Sewer Department (WASD) **RESTRICTED ACCESS / LIMITED RESTRICTED ACCESS / LOST/ STOLEN IDENTIFICATION BADGE**

Dear Sir/Madam:

I acknowledge that in signing this letter for the request for a WASD **Restricted ID Badge**, the authorized party is employed by Miami-Dade Water and Sewer Department. Additionally, I agree that this employee will use his/her WASD Restricted ID Badge only to conduct business for Miami-Dade Water and Sewer Department. Finally, I agree to return the WASD ID Badge immediately, upon expiration of badge or termination of his/her employment. I understand that failure to comply with the above is a violation of Miami-Dade County Ordinance 02-68.

1. Employee Information:

Last Name First Name Full Middle Name

** Note: Employees' name must be printed as it appears in the Driver's License or other Government issued ID.*

Date of Birth Driver License # Exp. Date State of Issuance

WASD Employee ID _____ WASD ID Card # _____ Expires _____

2. Reason to obtain a WASD **Restricted Access ID Badge:**

- ☐ New ☐ Renewal ☐ Name Change ☐ Lost/Stolen
- ☐ Damage/mutilated ☐ Police Report ☐ WASD Safety Briefing Required
- Date Completed: _____
Safety Officer: _____
Signature: _____

3. Type of WASD **Restricted Access ID Badge Requested:** ☐ **RFID Restricted** Access

☐ Limited-**Restricted** Access ☐ **Restricted** Access ☐ Specify Reason For **Restricted** Access
(**Blue** Badge) (**Red** Badge) (If Limited/Specify Areas of Limitation)

Sincerely,

Authorized Signature of WASD Section / Division Chief Print Name

Authorized WASD Signature Print Name

Title:

SS# Last 4 _____